4576

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 1 # 118

(This return should preferably be made by the person who made the original.)

SUPPLEMNTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* January 19th 1922
(Month) (Day) (Year)

FULL* NAME FATHER
Ernest Taft

FULL* MAIDEN NAME MOTHER
Belle Maldonado

I HEREBY CERTIFY that the child described herein has been named

William Arthur Taft.
(Give name in full) (Surname)

(Signature) Ernest A. Taft.
(Father)

(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

1033-119-248
8-31-22